INFORMATION

Extra Pay, Choice in Assignment Offered by Army to Physicians Accepting Active Reserve Duty

Physicians who volunteer now for active duty in the Army Medical Corps Reserve will be given opportunity to select, within limitations, the place they wish to serve and the type of duty they desire, according to a spokesman for the Sixth Army Reserve.

These and other inducements are being offered to attract volunteers and thus avoid the need for the government to devise other means of procurement.

Increased pay to offset medical education expenses, initial appointment in advanced grades for those who qualify, a liberalized system of promotions, arrangements for internships and residencies, a minimum of administrative "paper" work, and retirement benefits for Reserve officers on active duty equal to those of regular career officers for the proportionate time served, plus some additional credits for time on inactive reserve status—these are among the new inducements offered (see chart, page 482).

Thirty physicians are needed between now and January 1, 1949, to fill Sixth Army requirements for California alone. An additional 60 must be recruited prior to June 1, 1949, and an undetermined number thereafter, according to need. Nationally, the Army's quota for 1949 is 4,000 physicians.

Volunteers may sign up for one, two or three year periods. During the first year of any volunteer service the physician will, where at all possible, be assigned to a post close to his home. The two and three year periods offer the opportunity to request foreign service in the theater of the physician's choice.

A communication from Sixth Army Headquarters in San Francisco details some of the problems:

"Enlargement of the Army due to the draft, and the completion of the tour of duty of the last of the Army School Training Program physicians and dentists, is causing a critical shortage of physicians and dentists for the armed forces.

"Since the Army is receiving the largest augmentation, its needs in this regard are more acute. To meet this situation at least until the government can find a satisfactory solution, we will need the active support of all members of civilian medicine and dentistry.

"We require, primarily, physicians and dentists for professional work in general hospitals, station hospitals, dispensaries and post dental clinics. It is highly desirable, from our standpoint, to secure these professional men on an officer status, and for a duty period of one year or more if possible.

"To solve this [problem of meeting the quotas] we must secure the active support of the whole broad base of medicine and dentistry in this country. . . . The opportunities for a professional man entering the regular service are better than at any previous time in the Medical Department's history. We have a professional training program second to none. Physicians and dentists on extended active duty, or in the Regular Army, receive $100 a month additional pay as compensation for previous professional training.

"We are utilizing these professional men entirely on professional work, and in the field of medicine or dentistry which they most desire, or, at least, have received training for, in civilian life. This is, of course, professionally desirable, administratively feasible, and also necessary to secure the greatest amount of professional service with the minimum of personnel. It also corrects one of the major criticisms of professional men who served during the war.

"For information on this subject, it is desired that you write the Surgeon, Headquarters, Sixth Army, Presidio of San Francisco, California, or contact the post surgeon at the nearest military installation."

The Relationship of the Practicing Physician to the School Health Program

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Every practicing physician plays a part in the school health program whether or not he serves as a school physician. The medical services he gives to children in his private office are an integral and important aspect of the program. No program of health education in the schools can be wholly successful without the private physician's active participation and the approval and support of the local medical society.

The American Medical Association, recognizing the need for a closer relationship between the practicing physician and the schools, called a nationwide conference in October, 1947, on the Cooperation of the Physician in the School Health and Physical Education Program. Delegates from nearly every state medical association met with representatives from state departments of health and of education to explore ways in which the physician in private practice can best serve in the school health program. The conference unanimously recommended that "every local medical society set up a school health committee" to act in an advisory capacity to the schools with regard to the health program.† This was declared to be a necessary first

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†An alternate plan is for the public health committee of the Society to assume this function.

ESTIMATE OF EARNINGS—U. S. ARMY MEDICAL OFFICER WITH TWO DEPENDENTS

(Estimate of Earnings Based on Entrance Into Service at Lieutenant Grade)

Grade	Automatic Promotion Next Higher Grade (1)	Base Pay (2)	Medical Equalization Pay (3)	Allowance (4)	Retirement Benefits for Age (5)	Retirement Disability (6)	Death Gratuity (7)	Tax Differential (8)	Health Insurance (9)	Total Annual (10) (11)
LIEUTENANT	After four years of service	$2,400.00 No prior service	$1,200.00	$1,411.00	$1,050.00	$ 45.90	$13.40	$515.29	$102.00	**$ 6,737.59**
CAPTAIN	After eleven years' service	2,898.00 3 years' service	1,200.00	1,591.00	1,050.00	59.05	16.95	576.02	102.00	**7,493.04**
MAJOR	After eighteen years' service	3,960.00 12 years' service	1,200.00	2,026.50	1,050.00	100.24	27.58	748.07	102.00	**9,214.39**
LT. COLONEL	To Colonel by selection only	5,005.00 18 years' service	1,200.00	2,206.50	1,050.00	157.97	42.77	872.27	102.00	**10,636.51**
COLONEL	To General Officers by selection only	6,380.00 27 years' service	1,200.00	1,951.00	1,050.00	232.54	63.82	910.57	102.00	**11,889.93**

1. Unless he is promoted sooner which, under present conditions can be expected, an officer of the Medical Corps is automatically promoted to the next higher grade at the completion of years service in grade as shown.
2. Base pay is computed on average years service for pay purposes in each grade and is subject to a 5 per cent increase for each additional three years' service to a total of thirty years. Service, active or inactive, performed in any branch of the Armed Services at any time is credited for pay purposes.
3. Regular officers and reserve officers accepted for active duty for one year or more, on duty and appointed between 1 September 1947 and 31 August 1952. This payment limited to 30 years or total of $36,000.
4. Includes allowances for rent and subsistence.
5. Based on figures obtained from the Massachusetts Mutual and John Hancock life insurance companies. To purchase outright at age of sixty-four a life annuity comparable to Army retirement requires $60,000. Such an annuity purchased at age thirty requires $35,700 or thirty-four payments of $1,050. This is the figure shown in the table. The difference between $60,000 and $35,700 represents the amount of interest on the annual premiums and deductions made possible by the fact that a certain number of policy holders will die before the age of sixty-four. A policy taken out at an age earlier than thirty would of course have a lower annual premium. Reserve officers receive retirement pay at age sixty proportional to total active duty plus certain credit for inactive duty.
6. Cost of disability policy which pays benefit equal to Army disability retirement benefit. Based on figures from Acacia National Life Insurance Company.
7. Cost of insurance policy which pays at death, amount equal to Army six months, death gratuity. Based on figures from Acacia National Life Insurance Company.
8. Represents the income tax differential between an officer's salary and an equivalent civilian salary. Figures are based on deductions for subsistence, quarters, and the $1,500 special military exemption which is now effective and the continuation of which is expected in pending legislation.
9. The cost of a civilian health insurance policy providing benefits similar to those made available to an Army officer (Group Health Associations, Inc., figures as of 1 December 1946). There is no civilian policy which offers all the benefits available to an Army Medical Officer.
10. This table is not altogether complete because flight pay, parachutists pay, foreign service pay, commissary privileges, uniform and travel allowances, etc., are not included.
11. In addition to death gratuity pay the dependents of an officer who dies while on active duty from a service connected disease or injury is entitled to a pension, which in the case of a wife and two dependent children will be $720 or $1,380 annually, depending on whether death was due to conditions which developed during peace or war time service. A life annuity income paying such sums for a woman thirty years of age would cost $15,000 and $29,000 respectively.

step in achieving the practicing physician's cooperation and participation.

The schools need and welcome assistance from local practicing physicians in planning the school health program and in developing written policies and procedures patterned to fit local needs. The physician can make this contribution by serving on the advisory school health council.

The practicing physician renders one of his most important contributions to the school in his role of medical examiner, whether he sees the children in his private office or at the school. The medical examination gives the physician an opportunity to evaluate the pupil's health status in terms of physical and emotional growth and development, soundness of health practices and attitudes and general fitness to participate in the various school activities. Medical examinations of children performed at the school should demonstrate a high quality of medical service and be a satisfactory educational experience both to the child and his parent. An important objective is to develop an appreciation of and a desire for continued medical advice and guidance by the personal physician.

The chief purpose of medical examinations performed at the school is not to make a detailed diagnosis but rather to screen out any serious health problem which handicaps the child and, where indicated, impress upon the parent the importance of seeking further professional attention. The best place for the child to secure periodic medical examinations is in the office of his own physician who has previous knowledge of his health, has the facilities to make a thorough health appraisal and will give him continued health supervision. Experience has shown that when schools through an educational program and a definite administrative policy actively encourage pupils to obtain periodic medical examinations from their private physician, a majority of them do so.

The exchange of health information between the school and the physician has been demonstrated to be an important factor in safeguarding the health of the individual child. It is important that teachers know the physical limitations of their pupils; the physician, by sharing his knowledge about a pupil's health, can help the teachers to better understand their pupils and frequently enable them to assist in the solution of their health problems. It also permits an adaptation of the school program where this is necessary, for example, a restricted physical activity program for a child with rheumatic heart disease. The teachers must be made thoroughly aware of the necessity for safeguarding all matters of a confidential nature. A medical examination form, approved by the local medical society, would make possible the channeling of this useful information from the doctor's office to the school.

In recent years teachers have been trained to observe and record noticeable deviations from normal health and behavior in their pupils. Students suspected by the teacher—on the basis of her day by day observations—of having a health problem are referred through the medical department to their private physicians for medical examination. Certain of the information and impressions gained through the teacher's daily observations is very helpful to the physician responsible for medical supervision of the child. An exchange of information about pupils' health enables both physician and school to do a better job of health supervision.

Other ways in which the practicing physicians can contribute to the school health program include:

1. Giving medical guidance to the school's physical education program and to aid in developing uniform policies regarding excuses from physical education.
2. Assisting in a program of in-service education for teachers and school health service personnel.
3. Appraising the health content of the school curriculum in terms of factual accuracy and completeness of coverage.

Practicing physicians can make valuable contributions to the health of the community, as well as to the health of children under their private care, by taking an active part in the health program of the schools.

Diabetes Detection Drive

HOWARD F. ROOT, M.D., *Chairman, Committee on Diabetes Detection*

The finding of the million unknown diabetics in this country poses a direct challenge to the American doctor. It is within his power to accomplish this feat. The existence of a million undiscovered diabetic patients in the United States has been demonstrated through a series of surveys, the most recent one conducted by the United States Public Health Service. The results of these studies now provide a springboard for organized medicine and a golden opportunity for physicians to seize the initiative *on their own* in this significant phase of public health.

The American Diabetes Association has planned a campaign to promote the early discovery and prompt treatment of the million undiscovered cases of diabetes. This campaign is unique in professional service, for according to plan the physician himself will be at the helm. Therefore, the plan cannot be prosecuted, or even started, without the endorsement and support of the entire medical profession through its governing bodies, national, state, county and local medical societies.

The plan proposed by the association is simple, direct, and sure. Through local diabetes associations, related to the American Diabetes Association and with cooperation of local, county and state medical societies over the United States and Canada, it is planned to carry out blood-sugar screening tests by a new five-minute micro-blood sugar method with simultaneous urinalysis for sugar with attention to the time in relation to the preceding meal. The procedure can be carried out apart from a formal labo-

ratory. The equipment is still in the manufacturers' hands but is to be available within two or three months. The only provision will be that the candidate must name a physician or clinic to which the results of the tests will be mailed for interpretation to the patient. *Under no condition* will a report be sent directly to the examinee. The effort is to bring the unknown diabetic patient under his own physician's care. There will be no statistics; no red tape.

Simultaneously, the American Diabetes Association will carry on an intensive educational campaign directed first toward doctors' post-graduate courses. It will be directed toward the layman by radio, newspapers and other publicity channels in addition to the *A.D.A. Forecast,* the Association's bi-monthly magazine which brings to the diabetic patient homespun articles on the disease by eminent authorities in the field. At the same time the association will place in the hands of physicians over the country an authentic "Handbook of Therapy." Containing the most up-to-date information available, the handbook will assist the physician in treating diabetic patients.

The week of December 6-12 was proclaimed as "Diabetes Week." This was the formal beginning, the kick-off, of the association's diabetes detection drive. From this start, the program will continue on a long-term basis.

The association is determined to do its part in finding these million individuals and guiding them to you, their physicians, for treatment. May we count on your support when the matter comes up before your county or local medical society? The success or failure of the diabetes detection drive depends upon you. *You* stand at the helm; this is *your* project.